

FOURTH CIRCUIT ORAL ARGUMENT ACKNOWLEDGMENT

The following information is provided in response to the Court's Notification of Oral Argument	
Case Number:	Caption:
Date of Oral Argument:	
Attorney Arguing:	Phone Number:
Arguing on Behalf of:	
Attorney Appearing for Defendant but Not Arguing in Criminal Case:	
<p>Argument Time: If you know how much argument time you wish to use, please provide that information below; any desired changes may be made upon check-in on the morning of argument. If you have not decided upon your argument time, please return this form acknowledging that you will argue the case and provide your argument time when you check in on the morning of argument. Counsel arguing the case must be admitted to the Fourth Circuit, file an appearance of counsel form, and file this acknowledgment form.</p> <ul style="list-style-type: none">→20 minutes of argument time are allotted per side; all parties to a side must share oral argument time→15 rather than 20 minutes are allotted in social security, black lung & labor cases in which primary issue is whether substantial evidence supports agency decision, and in criminal cases in which primary issue is application of sentencing guidelines; 30 minutes are allotted in en banc cases→Appellants and cross-appellants may reserve up to 1/3 of their time for rebuttal (7 out of 20 minutes)	
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APPELLANT	
First Attorney Arguing:	Opening Argument Time:
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Any Second Attorney Arguing:	Opening Argument Time:
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Any Third Attorney Arguing:	Opening Argument Time:
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APPELLEE OR APPELLEE-CROSS APPELLANT	
First Attorney Arguing:	Answering Argument Time:
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Any Second Attorney Arguing:	Answering Argument Time:
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Any Third Attorney Arguing:	Answering Argument Time:
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APPELLANT OR APPELLEE-CROSS APPELLANT	
First Attorney Arguing:	Rebuttal Argument Time:
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Any Second Attorney Arguing:	Rebuttal Argument Time:
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I, _____, hereby certify that on this date, I electronically filed this document using the CM/ECF System, which will send notice of filing to the CM/ECF participants listed below and further certify that on this date I served any non-CM/ECF participants in the manner indicated below:

Date

Signature